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**Food & Formula Reference Guide  
[FFRG]**

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**Formula Listing**

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**Effective September 30, 2013**

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**A. ACRONYMS SYMBOLS, ABBREVIATIONS, DEFINITIONS, AND CHANGES**

**B. MISSOURI WIC APPROVED INFANT FORMULAS AND SPECIAL FORMULAS (EXEMPT INFANT FORMULAS AND MEDICAL FOODS)**

1. Infants - Contract Formulas
2. Infants - Exempt Formulas (Special Formulas)
3. Medical Foods (Special Formulas) for Children and Women
4. Guidelines for Issuing Metabolic Formulas
5. Missouri Department of Health & Senior Services - Metabolic Formula Program
6. Formula Manufacturers (Contact Information and Websites)
7. Maximum Monthly Allowance of Supplemental Foods for “Food Package III
8. Decision Trees – Food Packages For Infants, Children, and Women

**A. Acronyms, Abbreviations, Symbols, and Changes**

<b>a. Acronyms and Abbreviations</b>			
WIC Cert = WIC Certifier	MJN = Mead Johnson Nutrition	PWD = Powder	
Nutri = Local WIC Nutritionist	Nestlé = Nestlé Nutrition	Conc. = Concentrated Liquid	
CPA = Competent Professional Authority (Nutritionist, Registered Nurse, and Registered Dietitian)	Abbott/Ross = Abbott Nutrition (formerly Ross ) in MOWINS, “Ross” is used instead of Abbott.	RTF = Ready To Feed	
RD = Registered Dietitian at Local WIC Provider	Nutricia = Nutricia North America	RTU = Ready To Use	
State RD = Registered Dietitian at State WIC Office	PBM = PBM Product – Perrigo Nutritionals	W/O = Without	
WIC 27 = Medical Documentation Form - Health Care Provider Authorization Form			
<b>b. Symbols</b>			
$\geq$ Greater than OR Equal to	$\leq$ Less than OR Equal to	$>$ Greater than	$<$ Less than
<b>c. Key Changes – Effective September 30, 2013</b>			
• ProSobee® 12.9 oz Powder Reconstituted Volume (Page 3):	Changed from 92 fl oz/can to 93 fl oz/can. No change to the max. monthly allowance.		
• Approval Length for Metabolic Formula (Page 8):	Changed from 3 months to 2 months.		
• Pediasure Side Kicks 6-pack: (Page 7):	Product numbers for 6-packs are available. 4-pack is not allowed.		
• Isosource 1.5 with Fiber (Page 6):	Can Size: Changed from 8 fl oz to 8.45 fl oz. Max. Monthly Allowance: Changed from 113 cans/month to 107 cans/month		
• Similac Special Care with Iron (30 cal):	Discontinued.		
• Similac Special Care with Iron (24 cal):	Similac Special Care with Iron, Lutein, DHA (24 cal)		New Name!

**B. Missouri WIC Approved Infant Formulas and Special Formulas (Exempt Infant Formulas and Medical Foods)**

**1. INFANTS – CONTRACT FORMULAS Updated**

Type	#	Contract Formulas	Container Size & Packaging Size	Form	Unit in MOWI N	Yield/c an fl oz	Manuf acture r	Non Breastfeeding			Partially Breastfeeding <sup>1</sup> ≤ Max. Allowed				Partially Breastfeeding <sup>2</sup> > Max. Allowed				Children <sup>3</sup>	Approval Authority
								See Age Table Below			See Age Table Below				See Age Table Below					
								Age in Months			Age in Months				Age in Months					
								0-3	4-5	6-11	0-1	1-3	4-5	6-11	0-1 <sup>3</sup>	1-3	4-5	6-11		
Contract Formulas (Rebate)	1	Enfamil Premium Infant	12.5 oz (6/case)	PWD	1 can	90	MJN	9	10	7	n/a <sup>4</sup>	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	10	WIC Cert, CPA, Nutri, RD
	2	Enfamil Gentlease <sup>6</sup>	12.4 oz (6/case)	PWD	1 can	90	MJN	9	10	7	n/a <sup>4</sup>	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	10	WIC Cert, CPA, Nutri, RD
	4	Enfamil ProSobee	12.9 oz (6/case)	PWD	1 can	93	MJN	9	10	7	n/a <sup>4</sup>	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	9	WIC Cert, CPA, Nutri, RD
	5	Enfamil Premium Infant	13 fl oz (12/case)	Conc	1 can	26	MJN	31	34	24	n/a <sup>4</sup>	1 - 14	1 - 17	1 - 12	1 - 31	15 - 31	18 - 34	13 - 24	35	WIC Cert, CPA, Nutri, RD
	6	Enfamil ProSobee	13 fl oz (12/case)	Conc	1 can	26	MJN	31	34	24	n/a <sup>4</sup>	1 - 14	1 - 17	1 - 12	1 - 31	15 - 31	18 - 34	13 - 24	35	WIC Cert, CPA, Nutri, RD
	7	Enfamil Premium Infant	1 QT (32 fl oz) (6/case)	RTU	1 can	32	MJN	26	28	20	n/a <sup>4</sup>	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri, RD
	8	Enfamil ProSobee	1 QT (32 fl oz) (6/case)	RTU	1 can	32	MJN	26	28	20	n/a <sup>4</sup>	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri, RD
	9	Enfamil Gentlease	1 QT (32 fl oz) (6/case)	RTU	1 can	32	MJN	26	28	20	n/a <sup>4</sup>	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri, RD
	10	Enfamil A.R. <sup>5</sup>	12.9 oz (6/case)	PWD	1 can	91	MJN	9	10	7	n/a <sup>4</sup>	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	9	CPA, Nutri, RD
	11	Enfamil A.R. <sup>5</sup>	1 QT (32 fl oz) (6/case)	RTU	1 can	32	MJN	26	28	20	n/a <sup>4</sup>	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri, RD
	12	Enfamil with Iron Non-Premature (24 cal) <sup>5</sup>	2 fl oz 8 x 6-pack/case	RTU	6-pack	12	MJN	69	74	53	n/a <sup>4</sup>	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	Nutri. RD

1. ≤ (Less than or equal to) the maximum amount of formula allowed for partially breastfed infants.
2. > (Greater than) the maximum amount of formula allowed for partially breastfed infants.
3. C= Children. Issuing infant formula to children requires medical documentation (WIC 27).
4. N/A - Not applicable. Partial Breastfeeding Infants (≤ Max amount of formula) are not given any formula in the 1<sup>st</sup> month.
5. Issuing formulas (e.g. Enfamil AR and Enfamil with Iron Non-Premature 24 cal) to infants requires WIC 27. - **Important!**

**Important!** You must check the Food Package III Check Box on the Health Information Screen when issuing formulas (#10 - #12) highlighted in gray).

2. INFANTS – Exempt Formulas (Special Formulas)

**Important!** You must check the Food Package III check box on the Health Information Screen when issuing any formulas in this section.

Type	#	Special Formulas • Medical Documentation Required • Max. Length of Approval: 6 months	Container Size & Packaging Size	Form	Unit in MOWINS	Yield/ Unit in MOWINS (fl oz)	Manuf acturer	Non Breastfeeding			Partially Breastfeeding <sup>1</sup> ≤ Max. Allowed				Partially Breastfeeding <sup>2</sup> > Max. Allowed				Children <sup>3</sup>	Approval Authority  <b>Updated!</b>	
								See Age Table			See Age Table				See Age Table						
								(Age in Months)			(Age in Months)				(Age in Months)						
								0-3	4-5	6-11	0-1	1-3	4-5	6-11	0-1	1-3	4-5	6-11			
Premature Formulas & Formulas in Nursette	13	Enfacare	12.8 oz (6/case)	PWD	1 can	82	MJN	10	11	8	n/a <sup>4</sup>	1 - 5	1 - 6	1 - 4	1 - 10	6 - 10	7 - 11	5 - 8	11	CPA, Nutri, RD	
	14	Similac Expert Care Neosure	13.1 oz (6/case)	PWD	1 can	87	Abbott/Ross	10	11	8	n/a <sup>4</sup>	1 - 5	1 - 6	1 - 4	1 - 10	6 - 10	7 - 11	5 - 8	10	CPA, Nutri, RD	
	15	Enfacare	1 QT (32 fl oz) (6/case)	RTF	1 can	32	Abbott/Ross	26	28	20	n/a <sup>4</sup>	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri, RD	
	16	Similac Expert Care Neosure	1 QT (32 fl oz) (6/case)	RTF	1 can	32	Abbott/Ross	26	28	20	n/a <sup>4</sup>	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri, RD	
	17	Enfamil <b>Premature</b> With Iron (20 cal)	2 fl oz 8 x 6-pack/case	RTU	6-pack	12	MJN	69	74	53	n/a <sup>4</sup>	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	Nutri. RD	
	18	Enfamil <b>Premature</b> With Iron (24 cal)	2 fl oz 8 x 6-pack/case	RTU	6-pack	12	MJN	69	74	53	n/a <sup>4</sup>	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	Nutri. RD	
	19	Enfamil <b>Premature</b> High Protein (24 cal)	2 fl oz 8 x 6-pack/case	RTU	6-pack	12	MJN	69	74	53	n/a <sup>4</sup>	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	Nutri. RD	
	20	Pregestimil (20 cal) <u>Non-premature</u>	2 fl oz 8 x 6-pack/case	RTU	6-pack	12	MJN	69	74	53	n/a <sup>4</sup>	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	CPA, Nutri, RD	
	21	Pregestimil (24 cal) <u>Non-premature</u>	2 fl oz 8 x 6-pack/case	RTU	6-pack	12	MJN	69	74	53	n/a <sup>4</sup>	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	CPA, Nutri, RD	
	22	Similac Special Care with Iron (20 cal)	2 fl oz 6 x 8-pack/case	RTF	8-pack	16	Abbott/Ross	52	56	40	n/a <sup>4</sup>	1 - 24	1 - 28	1 - 20	1 - 52	25 - 52	29 - 56	21 - 40	0	Nutri. RD	
	23	Similac Special Care with Iron, Lutein, DHA (24 cal) <b>New Name!</b>	2 fl oz 6 x 8-pack/case	RTF	8-pack	16	Abbott/Ross	52	56	40	n/a <sup>4</sup>	1 - 24	1 - 28	1 - 20	1 - 52	25 - 52	29 - 56	21 - 40	0	Nutri. RD	
	24	Similac Special Care with Iron (30 cal)	Discontinued																		
	25	EleCare (For Infant)	14.1 oz. 6/case	PWD	1 can	95	Abbott/Ross	9	10	7	n/a <sup>4</sup>	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	9	CPA, Nutri, RD	
26	NeoCate Infant Formula DHA/ARA	14 oz (4/case)	PWD	1 can	85	Nutricia	10	11	8	n/a <sup>4</sup>	1 - 5	1 - 6	1 - 4	1 - 10	6 - 10	7 - 11	5 - 8	10	CPA, Nutri, RD		

Type	#	Special Formulas • Medical Documentation Required • Max. Length of Approval: 6 months	Container Size & Packaging Size	Form	Unit in MOWINS	Yield/Unit in MOWINS (fl oz)	Manufacturer	Non Breastfeeding			Partially Breastfeeding <sup>1</sup> ≤ Max. Allowed				Partially Breastfeeding <sup>2</sup> > Max. Allowed				Children <sup>3</sup>	Approval Authority <b>Updated!</b>
								See Age Table (Age in Months)			See Age Table (Age in Months)				See Age Table (Age in Months)					
								0-3	4-5	6-11	0-1	1-3	4-5	6-11	0-1	1-3	4-5	6-11		
Hypoallergenic Formulas	27	PurAmino or Nutramigen AA	14.1 oz (4/case)	PWD	1 can	98	MJN	8	9	7	n/a <sup>4</sup>	1-4	1-5	1-3	1-8	5-8	6-9	4-7	9	CPA, Nutri, RD
	28	Nutramigen	13 fl oz (6/case)	Conc	1 can	26	MJN	31	34	24	n/a <sup>4</sup>	1-14	1-17	1-12	1-31	15-31	18-34	13-24	35	CPA, Nutri, RD
	29	Nutramigen	1 QT (32 fl oz) (6/case)	RTU	1 can	32	MJN	26	28	20	n/a <sup>4</sup>	1-12	1-14	1-10	1-26	13-26	15-28	11-20	28	CPA, Nutri, RD
	30	Nutramigen with Enflora LGG	12.6 oz (6/case)	PWD	1 can	87	MJN	10	11	8	n/a <sup>4</sup>	1-5	1-6	1-4	1-10	6-10	7-11	5-8	10	CPA, Nutri, RD
	31	Pregestimil	16 oz (6/case)	PWD	1 can	112	MJN	7	8	6	n/a <sup>4</sup>	1-3	1-4	1-3	1-7	4-7	5-8	4-6	8	CPA, Nutri, RD
	32	Similac Expert Care Alimentum	16 oz (6/case)	PWD	1 can	115	Abbott/Ross	7	8	6	n/a <sup>4</sup>	1-3	1-4	1-3	1-7	4-7	5-8	4-6	7	CPA, Nutri, RD
	33	Similac Expert Care Alimentum	1 QT (32 fl oz) (6/case)	RTF	1 can	32	Abbott/Ross	26	28	20	n/a <sup>4</sup>	1-12	1-14	1-10	1-26	13-26	15-28	11-20	28	CPA, Nutri, RD
Other Exempt	34	Monogen <sup>5</sup> (Based on 22 cal/fl oz)	14 oz 6/case	PWD	14 oz	56	Nutricia	11	12	9	n/a <sup>4</sup>	1-5	1-6	1-5	1-11	6-11	7-12	6-9	11	State RD
	35	Calcilo XD	13.2oz 6/case	PWD	1 can	96	Abbott/Ross	9	10	7	n/a <sup>4</sup>	1-4	1-5	1-4	1-9	5-9	6-10	5-7	9	RD, State RD
	36	Enfaport	8 fl oz 24/case	RTU	1 can	8	MJN	104	112	80	n/a <sup>4</sup>	1-48	1-56	1-40	1-104	49-104	57-112	41-80	113	RD, State RD
	37	RCF - Ross Carbohydrate Free	13 fl oz 12/case	Conc.	1 can	26	Abbott/Ross	31	34	24	n/a <sup>4</sup>	1-14	1-17	1-12	1-31	15-31	18-34	13-24	35	RD, State RD
	38	Similac PM 60/40	14.1 oz. 6/case	PWD	1 can	102	Abbott/Ross	8	9	6	n/a <sup>4</sup>	1-4	1-5	1-3	1-8	5-8	6-9	4-6	8	RD, State RD

1. ≤ (Less than or equal to) the maximum amount of formula allowed for partially breastfed infants.
2. > (Greater than) the maximum amount of formula allowed for partially breastfed infants.
3. Issuing infant formula to children requires medical documentation. Maximum quantity allowance is based on the yield per can for infant standard dilution.
4. N/A - Not applicable. Partial Breastfeeding Infants (≤ Max amount of formula) are not given any formula in the 1st month.
5. Monogen = Contact State Nutritionist for approval.

[Note] Reconstituted yield per can is dependent on the desired concentration which must be prescribed by a physician.

3. Medical Foods (Special Formulas) for Children and Women

**Important!** You must check the Food Package III Check Box on the Health Information Screen when issuing any formulas in this section.

#	Special Formulas for Children and Women <ul style="list-style-type: none"> <li>▪ Medical Documentation (WIC 27) Required</li> <li>▪ Max. Length of Approval: 6 months</li> </ul>	Container Size and Packaging Size	Physical Form	Unit in MOWINS	Yield/ Unit in MOWINS (fl oz)	Manufacturer	Children	Women	Approval Authority
39	Boost - All Flavors	8 fl oz (6-pack)	RTU	6-pack	48	Nestlé	0	18x6-pack	CPA, Nutri, RD
40	Boost Kid Essentials (Vanilla, Chocolate, Strawberry)	8.25 fl oz (4-pack)	RTU	4-pack	33	Nestlé	27x4-pack	0	CPA, Nutri, RD
41	Boost Kid Essentials 1.5 cal (Vanilla, Strawberry, Chocolate)	8 fl oz. (27/case)	RTU	1 can	8	Nestlé	113	0	Nutri, RD
42	Boost Kid Essentials with Fiber 1.5 cal (Vanilla)	8 fl oz.(27/case)	RTU	1 can	8	Nestlé	113	0	Nutri, RD
43	Bright Beginnings Soy Pediatric Drink (Vanilla)	8 fl oz (6-pack, 24/case)	RTU	6-pack	48	PBM** [Nestlé]	18x6-pack	0	CPA, Nutri, RD
44	Compleat Pediatric	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	Nutri, RD
45	Compleat Pediatric Reduced Calorie	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	Nutri, RD
46	E028 Splash (Grape, Tropical Fruit, Orange-Pineapple)	8 fl oz (27/case)	RTU	1 can	8	Nutricia	113	0	RD, State RD
47	EleCare Jr. (Unflavored & Vanilla)	14.1 oz (6/case)	PWD	1 can	62	Abbott/Ross	14 cans	0	CPA, Nutri, RD
48	Enfagrow Toddler Transitions	21 oz or 24 oz (4/case)	PWD	1 can	148	MJN	6 cans	0	CPA, Nutri, RD
49	Enfagrow Toddler Transition	32 fl oz (6/case)	RTU	1 can	32	MJN	28 cans	0	CPA, Nutri, RD
50	Enfagrow Toddler Transitions Soy	21 oz or 24 oz (4/case)	PWD	1 can	141	MJN	6 cans (21 oz)	0	CPA, Nutri, RD
51	Enfagrow Toddler Transitions Gentlease	21 oz or 24 oz (4/case)	PWD	1 can	148	MJN	6 cans (21 oz)	0	CPA, Nutri, RD
52	Ensure - All Flavors	8 fl oz (6-pack)	RTU	6-pack	48	Abbott/Ross	0	18x6-pack	CPA, Nutri, RD
53	Glucema Shake (Retail Bottle)	8 fl oz (4x6-pack)	RTU	6-pack	48	Abbott/Ross	18 x 6-pack	18 x 6-pack	RD, State RD
54	Isosource 1.5 with Fiber <span style="color: red;">Updated!</span>	8.45 fl oz (24/case)	RTU	1 can	8	Nestlé	107	107	RD, State RD
55	KetoCal (3:1)	11 oz. (6/case)	PWD	1 can	≈ 71	Nutricia	12 cans	0	RD, State RD
56	KetoCal (4:1)	11 oz. (6/case)	PWD	1 can	≈ 51	Nutricia	17 cans	0	RD, State RD
57	Neocate Jr. (Unflavored, Chocolate, Tropical)	14.1 oz. OR 14 oz. (4/case)	PWD	1 can	65	Nutricia	14 cans	0	RD, State RD
58	NeoCate Jr. with Prebiotics (Vanilla, Unflavored)	14.1 oz. OR 14 oz. (4/case)	PWD	1 can	65	Nutricia	14 cans	0	RD, State RD
59	Monogen <sup>1</sup> [Note: Monthly QTY is Based on 30 cal/fl oz]	14 oz (6/case)	PWD	14 oz	56 <sup>1</sup>	Nutricia	16 cans	16 cans	State RD
60	Nutren Jr. (Vanilla)	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	Nutri., RD
61	Nutren Jr. with Fiber (Vanilla)	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	Nutri., RD

#	Special Formulas for Children and Women <ul style="list-style-type: none"> <li>▪ Medical Documentation (WIC 27) Required</li> <li>▪ Max. Length of Approval: 6 months</li> </ul>	Container Size and Packaging Size	Physical Form	Unit in MOWINS	Yield/ Unit in MOWINS (fl oz)	Manufacturer	Children	Women	Approval Authority
62	Nutren 2.0 (Vanilla)	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	Nutri., RD
63	Pediasure - All Flavors	8 fl oz (24/case)	RTU	6-pack	48	Abbott/Ross	18x6-pack	0	CPA, Nutri, RD
64	Pediasure with Fiber (Vanilla)	8 fl oz (24/case)	RTU	6-pack	48	Abbott/Ross	18x6-pack	0	CPA, Nutri, RD
65	Pediasure 1.5 (Vanilla)	8 fl oz (24/case)	RTU	1 can	8	Abbott/Ross	113 cans	0	Nutri., RD
66	Pediasure 1.5 with Fiber (Vanilla)	8 fl oz (24/case)	RTU	1 can	8	Abbott/Ross	113 cans	0	Nutri., RD
67	Pediasure Enteral Formula 1.0 Cal	8 fl oz (24/case)	RTU	6-pack	48	Abbott/Ross	18x6-pack	0	Nutri., RD
68	PediaSure Enteral Formula 1.0 Cal with Fiber	8 fl oz (24/case)	RTU	6-pack	48	Abbott/Ross	18x 6-pack	0	Nutri., RD
69	PediaSure Peptide 1.0 Cal (Vanilla, Strawberry, Unflavored)	8 fl oz (24/case)	RTU	EACH	8	Abbott/Ross	113	0	RD, State RD
70	PediaSure Peptide 1.5 Cal (Vanilla)	8 fl oz (24/case)	RTU	EACH	8	Abbott/Ross	113	0	RD, State RD
71	PediaSure Sidekicks Product #: Vanilla: #56416; Strawberry: #62482; Chocolate: #56419	8 fl oz (4 x 6-pack)	RTU	EACH	48	Abbott/Ross	18 x 6-pack	0	RD, State RD
72	Pepdite Junior (Unflavored, Banana)	1.8 oz (15/case)	PWD	1 can	8	Nutricia	113	0	CPA, Nutri, RD
73	Peptamen Jr. – Unflavored Vanilla, Chocolate, Strawberry	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	CPA, Nutri, RD
74	Peptamen Jr. 1.5 Unflavored	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	CPA, Nutri, RD
75	Peptamen Jr. with Fiber - Vanilla	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	CPA, Nutri, RD
76	Peptamen Jr. with Prebio - Vanilla	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	107	0	CPA, Nutri, RD
77	Peptamen – Unflavored & Vanilla	8.45 fl oz (24/case).	RTU	1 can	8.45	Nestlé	0	107	CPA, Nutri, RD
78	Peptamen with Prebio - Vanilla	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	0	107	CPA, Nutri, RD
79	Peptamen 1.5 Unflavored & Vanilla	8.45 fl oz (24/case)	RTU	1 can	8.45	Nestlé	0	107	CPA, Nutri, RD
80	Portagen	16 oz (6/case)	PWD	1 can	72	MJN	12 cans	12 cans	RD, State RD
81	Boost Breeze all flavors (formerly Resource Breeze)	8 fl oz (27/case)	RTU	1 container	8	Nestlé	113	113	RD, State RD
82	Super Soluble Duocal <sup>1</sup>	14.1 oz (6/case)	PWD	1 can	Varies <sup>1</sup> (91)	Nutricia	10 cans	10 cans	State RD
83	Suplena with Carb Steady	8 fl oz (24/case)	RTU	1 can	8	Abbott/Ross	113	113	RD, State RD
84	Tolerex	2.82 oz 60/case)	PWD	1 can	10	Nestlé	0	91 packets	RD, State RD
85	Vivonex Pediatric (Unflavored)	1.7 oz (36/case)	PWD	1 can	8.4	Nestlé	108	0	RD, State RD
86	Vivonex T.E.N. (Unflavored)	2.84 oz (60-2.84 oz packets/case)	PWD	1 can	10	Nestlé	0	91 packets	RD, State RD

<sup>1</sup>. Reconstituted yield per can varies and it is dependent on age, body weight and medical condition of the participant. A dilution rate must be determined by a physician.

4. Guidelines for Issuing Metabolic Formulas

**Important!** You must check the Food Package III check box on the Health Information Screen when issuing any formulas in this section.

#	Metabolic Formulas	Sizes	Packaging Size	Physical Form	Manufacturer	Unit in MOWINS	Yield/ in MOWINS (fl oz)	ELIGIBLE CATEGORY			Guidelines
								Infants	Children	Women	
87	3232A	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	<ul style="list-style-type: none"> <li>▪ <b>Medical Documentation:</b> Medical documentation is required to issue all metabolic formulas.</li> <li>▪ <b>Approval Length:</b> <b>2 months --- Updated!</b></li> <li>▪ <b>Approval Authority:</b> <b>State RD</b></li> <li>▪ <b>Monthly Allowance:</b> Local WIC provider should obtain instructions for the correct amount of water and powder from participant's physician. Product yield per can (fl oz) for 1 can varies. The monthly allowance for the participant can be determined based on instructions from physician and not exceed amount allowed by WIC program if WIC is a primary payer.</li> <li>▪ <b>Payer of Metabolic Formulas and Documentation:</b> <ol style="list-style-type: none"> <li>1. If the participant does not have private medical insurance, the DHSS Metabolic Formula Program (DHSS MFP) is the primary payer. (See page 9)</li> <li>2. Notify the participant or the parent/guardian that the DHSS MFP is the primary payer for the prescribed formula and give referral.</li> <li>3. Inform the participant or the parent/guardian that WIC will only issue the metabolic formula for 3 months and issue checks for other foods in the food package as prescribed.</li> <li>4. While waiting approval from the DHSS MFP, the CPA shall proceed with the issuance of metabolic formula using the WIC food package III <b>up to 2 months.</b></li> <li>5. Scan the completed medical documentation form into MOWINS and document the payment source in the SOAP notes.</li> <li>6. Follow-up must be done and documented in the SOAP notes to assure the nutritional needs of the participant are being met.</li> </ol> </li> </ul> <p><b>Maximum Monthly Allowance:</b> The appropriate concentration of metabolic formulas may vary between individuals and over time. Therefore, the volume yield per can must be determined based on the mixing instructions and prescription from the physician. No single mixing ratio would suffice for the variety of genetic variations and patient conditions.</p>
88	BCAD 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
89	GA	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	varies	
90	HCY 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
91	HCY 2	16 oz	6/case	PWD	MJN	1 can	varies	0	varies	varies	
92	I-Valex-1	14.1 oz	6/case	PWD	Abbott/Ross	1 can	varies	varies	varies	0	
93	Ketonex 1	14.1 oz	6/case	PWD	Abbott/Ross	1 can	varies	0	varies	varies	
94	Ketonex 2	14.1 oz	6/case	PWD	Abbott/Ross	1 can	varies	0	varies	varies	
95	LMD	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	varies	
96	MSUD Analog	14 oz.	6/case	PWD	Nutricia	1 can	varies	varies	varies	0	
97	MSUD Maxamaid	14 oz.	6/case	PWD	Nutricia	1 can	varies	0	varies	0	
98	MSUD Maxamum	14 oz.	6/case	PWD	Nutricia	1 can	varies	0	0	varies	
99	OA 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
100	OA 2	16 oz	6/case	PWD	MJN	1 can	varies	0	varies	varies	
101	Periflex Infant	14 oz	6/case	PWD	Nutricia	1 can	varies	varies	varies	0	
102	PFD 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
103	PhenexTM 1	14.1 oz.	6/case	PWD	Abbott/Ross	1 can	varies	varies	varies	0	
104	PhenexTM 2	14.1 oz.	6/case	PWD	Abbott/Ross	1 can	varies	0	varies	varies	
105	Phlexy-10	20g	30 x20g	PWD	Nutricia	1 box	105/1 box	0	9	9	
106	Phenyl-Free 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
107	TYROS 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
108	WND 1	16 oz	6/case	PWD	MJN	1 can	varies	varies	varies	0	
109	WND 2	16 oz	6/case	PWD	MJN	1 can	varies	0	varies	varies	
110	XPhe Maxamaid	16 oz.	6/case	PWD	Nutricia	1 can	varies	0	varies	0	
111	XPhe Maxamum	16 oz.	6/case	PWD	Nutricia	1 can	varies	0	0	varies	

5. Missouri Department of Health & Senior Services - Metabolic Formula Program

Website: <http://health.mo.gov/living/families/genetics/metabolicformula/index.php/>

Telephone: 573-751-6266 or 800-877-6246 or 314-877-0225

Confidential Fax: 573-751-6185

Email: [Nancy.Althouse-Hill@health.mo.gov](mailto:Nancy.Althouse-Hill@health.mo.gov)

**Medical Eligibility:** Medical eligibility for the Missouri Metabolic Formula Program must be documented with a written medical diagnosis of one of the conditions listed below:

1. phenylketonuria (PKU)	9. 3-hydroxy-3-methylglutaryl CoA lyase deficiency (HMG)
2. maple syrup urine disease (MSUD)	10. 3-methylcrotonyl CoA carboxylase deficiency (3MCC)
3. glutaric acidemia	11. propionic acidemia
4. homocystinuria	12. long-chain 3 hydroxyacyl CoA dehydrogenase deficiency (LCHAD)
5. methylmalonic acidemia	13. very-long-chain acyl-CoA dehydrogenase deficiency (VLCAD)
6. citrullinemia	14. ornithine transcarbamylase deficiency (OTC)
7. argininosuccinic acidemia	15. tyrosinemia (type I, II and III)
8. isovaleric acidemia	

6. Formula Manufacturers (Contact Information and Websites)

WIC Works Formula Database: [http://wicworks.nal.usda.gov/nal\\_web/wicworks/formulas/FormulaSearch.php](http://wicworks.nal.usda.gov/nal_web/wicworks/formulas/FormulaSearch.php)

Formula Manufacturer	Websites	Customer Service Phone Numbers
Mead Johnson Nutritionals (MJN)	<a href="http://www.meadjohnson.com/">http://www.meadjohnson.com/</a>	1-800-457-3550
Nutricia North America (Nutricia)	<a href="http://www.shsna.com/">http://www.shsna.com/</a>	1-800-365-7354 OR 1-877-482-7845
Nestlé Infant Nutrition (Gerber)	<a href="http://www.gerber.com/">http://www.gerber.com/</a>	1-800-284-9488
Nestlé HealthCare Nutrition	<a href="http://www.nestle-nutrition.com/">http://www.nestle-nutrition.com/</a>	1-877-463-7853
	Product Information: <a href="http://www.nestle-nutrition.com/">http://www.nestle-nutrition.com/</a>  Packaging Information: <a href="http://www.nestlenutritionstore.com/">http://www.nestlenutritionstore.com/</a>	1-800-422-ASK2 (2752) or 1-800-285-2889
Perrigo Nutritionals, PBM Products	<a href="http://www.pbmproducts.com/">http://www.pbmproducts.com/</a> <a href="http://www.pbmnutritionals.com/">http://www.pbmnutritionals.com/</a>	1-800-272-5095 or 540-832-3282 (x1113)
VitaFlow (metabolic formulas)	<a href="http://www.vitaflousa.com/">http://www.vitaflousa.com/</a>	1-888-VITAFLO (888-848-2356) Direct Line: 703-519-1282 Monday through Friday 9:00am – 5:00pm EST Email: <a href="mailto:vitaflo@vitaflousa.com">vitaflo@vitaflousa.com</a>
Abbott Nutrition (Formerly Ross Pharmaceuticals)	Product Information: <a href="http://abbottnutrition.com/">http://abbottnutrition.com/</a>  Packaging Information: <a href="http://www.abbottstore.com/">http://www.abbottstore.com/</a>	1-800-551-5838

7. Maximum Monthly Allowance of Supplemental Foods for “Food Package III”

Foods	Infants		Children	Women		
	0-5 Months	6-11 Months	Children (1 – 4)	Pregnant Partially Breastfeeding (≤ Max Allowed)	Non-Breastfeeding Partially Breastfeeding (> Max Allowed)	<ul style="list-style-type: none"> <li>▪ Fully Breastfeeding</li> <li>▪ Partially Breastfeeding Multiples</li> <li>▪ Pregnant with Multiples</li> <li>▪ Pregnant women who are still breastfeeding.</li> </ul>
WIC Formulas*	(Page 3-5, & 8)		(Page 6 –8)	(Page 6 –8)	(Page 6 –8)	(Page 6 –8)
Infant Cereal	Not allowed	24 oz	32 oz infant cereal may be substituted for 36 oz adult cereal.**	32 oz infant cereal may be substituted for 36 oz adult cereal.**	32 oz infant cereal may be substituted for 36 oz adult cereal.**	32 oz infant cereal may be substituted for 36 oz adult cereal.**
Infant Fruit and Vegetables	Not allowed	32- 4 oz. containers	Not allowed	Not allowed	Not allowed	No allowed
Juice, single strength	Not allowed	Not allowed	128 fl. oz. 2 - 64oz container	144 fl. oz. 3 - 46 oz. can / 11.5 - 12oz. frozen	96 fl. oz. 2 - 46 oz. can / 11.5-12oz. frozen	144 fl. oz. 3 - 46 oz. can / 11.5-12oz. frozen
Milk, fluid***	Not allowed	Not allowed	16 qt.	22 qt.	16 qt.	24 qt.
Breakfast cereal	Not allowed	Not allowed	36 oz.	36 oz.	36 oz.	36 oz.
Cheese	Not allowed	Not allowed	0***	0***	0***	1 lb.
Eggs	Not allowed	Not allowed	1 dozen	1 dozen	1 dozen	2 dozen
Fruits and vegetables	Not allowed	Not allowed	\$6.00	\$10.00	\$10.00	\$10.00
Whole wheat bread or Other Whole Grains	Not allowed	Not allowed	2 lb.	1 lb.	Not allowed	1 lb.
Fish (canned)	Not allowed	Not allowed	Not allowed	Not allowed	Not allowed	30 oz.
Legumes, dry/canned AND/OR Peanut Butter	Not allowed	Not allowed	1 pound dry beans OR 4-16 oz. cans OR 1 - 18 oz. jar peanut butter	1 pound dry beans or 4-16 oz. cans AND 1 - 18 oz. jar peanut butter	1 pound dry beans OR 4-16 oz. cans OR 1 - 18 oz. jar peanut butter	1 lb dry beans or 4-16 oz. cans AND - 18 oz. jar peanut butter

Food Package III is for Woman, Infant, and Child participants who have a documented qualifying condition that requires the use of a WIC formula (infant formula, exempt infant formula, or WIC-eligible medical food) because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs.

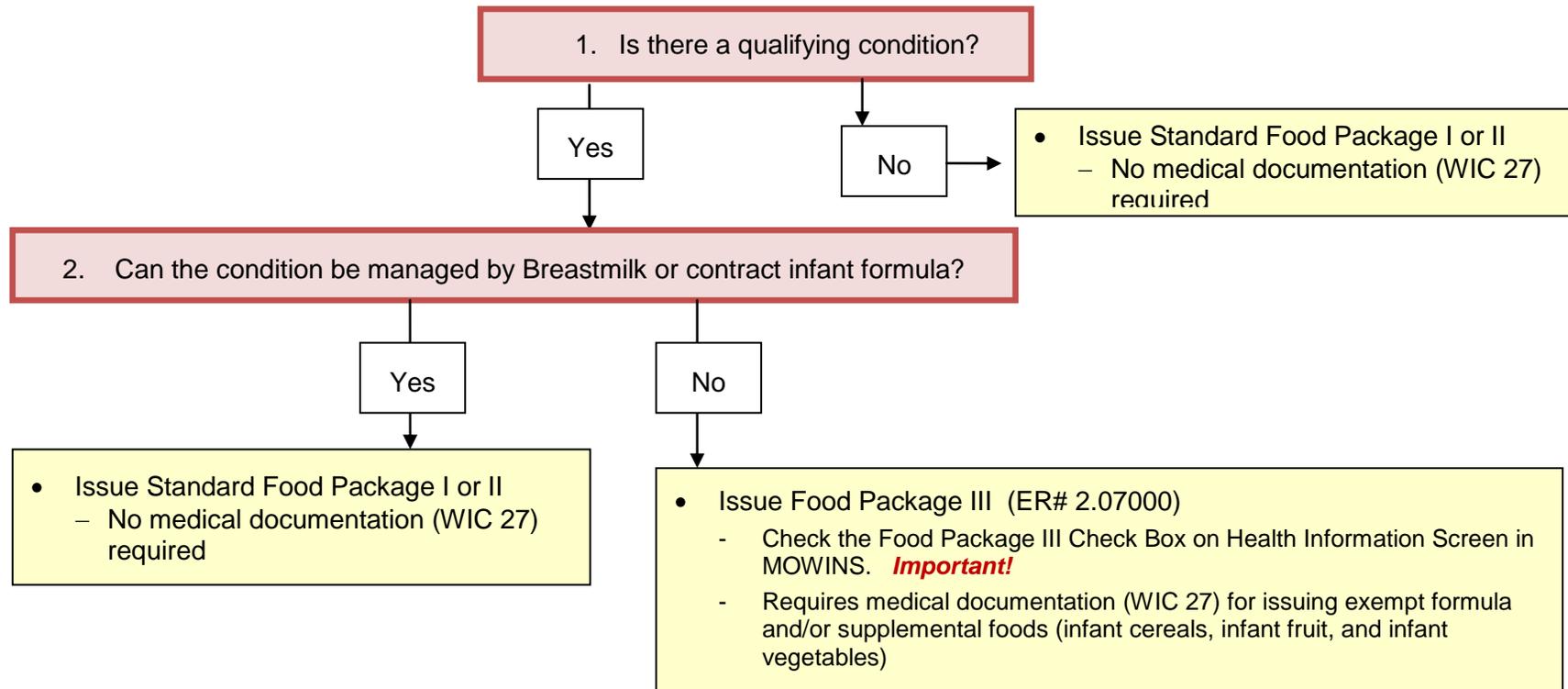
\* See the Missouri WIC Approved Infant Formulas and Special Formulas (Exempt Infant Formulas and Medical Foods) (Page 3-8)

\*\* 32 ounces infant cereal may be substituted for 36 ounces adult cereal. (ER# 2.07000)

\*\*\* See the Milk Substitute and Medical Documentation (WIC 27) Requirement Section (FFRG – Guidelines Page 16, #4)

8. Decision Trees

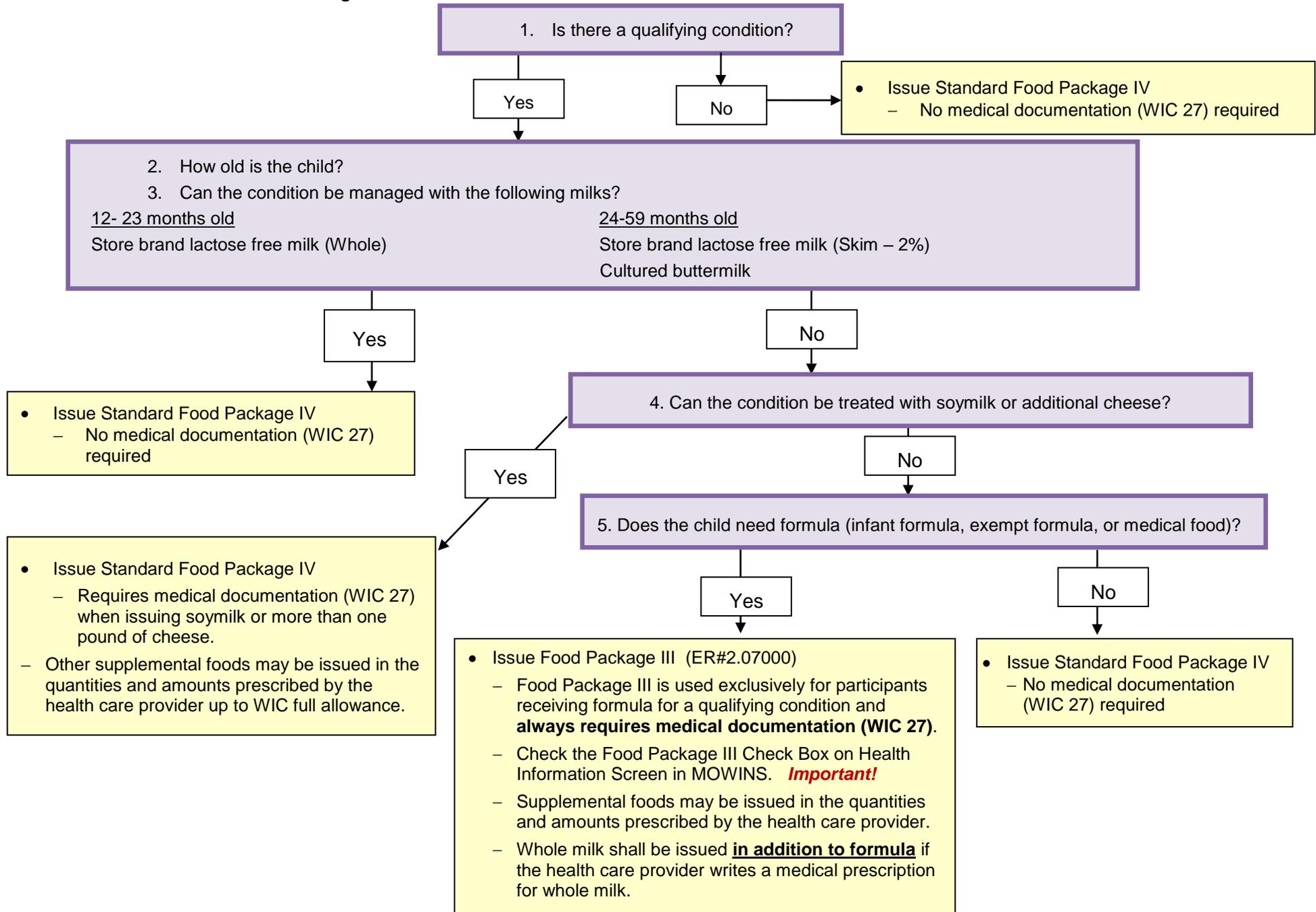
a. Decision Tree - Food Packages for Infants



**[Note]**

See Section B. 2 for the contracted formulas (e.g. Enfamil A.R., Enfamil W/ Iron Non-Premature 24 cal) that are categorized as “Special Formulas” in MOWINS. Issuing these formulas requires medical documentation (WIC 27). The WIC 27 must be scanned into the participant’s record.

b. Decision Tree - Food Packages for Children



c. Decision Tree - Food Packages for Women

